



Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2013 JAN 22 P 3:48

Fill in dates:

Reporting Period Beginning Month 01 Date 01 Year 2012 Ending Month 12 Date 31 Year 2012

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

SEAN J. FITZGERALD

Full Name of Candidate (if applicable)

ALDERMAN AT LARGE

Office Sought and District

46 BARRISON AVENUE

Residential Address

SOMERVILLE, MA 02144

(617) 628-2489 Tel. No. (optional)

FRIENDS OF SEAN J. FITZGERALD

Committee Name

RACHAEL CRACKNELL

Name of Committee Treasurer

46 BARRISON AVENUE

Committee Mailing Address

SOMERVILLE MA 02144

(617) 628-2489 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 4,915.00
Line 3: Subtotal (line 1 plus line 2) \$ 4,915.00
Line 4: Total expenditures this period (page 3, line 14) \$ 2,903.36
Line 5: Ending balance (line 3 minus line 4) \$ 2,011.64
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used WINTER HILL BANK

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

1-22-13

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

1-22-13

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8.15.12	TIMOTHY FITZGERALD 1124 WINDSOR AVE WINDSOR MA 01609	125 00	
8.17.12	MARK HACOPIAN 655 BOYLSTON BOSTON MA 02116	500 00	OWNER, MARLES MARK MORAL
8.20.12	JOHN CARUSO SOMERVILLE 93 FLINT STREET MA 02145	50 00	
8.20.12	SUBAR SANE RALEIGH 2904 MALE STREET NC 27604	25 00	
8.20.12	TERRY + BARBARA CRACKNELL 145 MOUNT VERNON WINCHESTER MA 01801	100 00	
8.22.12	REP. JAY KAUFMAN 1 CHILDS ROAD UXBINGTON MA 02421	100 00	
8.22.12	FRIENDS OF PAUL DONATO 48 MAURICE ST MEAFORD MA 02155	100 00	
8.22.12	CHARLES BENSON WILMINGTON 26 FAIRMEDOW ROAD MA 01887	125 00	
8.23.12	KENNETH KELLY SOMERVILLE 73 UNION SQUARE MA 02143	250 00	OWNER, THE INDEPENDENT RESTAURANT
8.23.12	KEVIN CLARK BILLERICA 21 HATTLELANE MA 01821	100 00	
8.23.12	DOROTHY SHANNON 01890 P.O. Box 534 WINCHESTER MA	200 00	RETIRED
8.23.12	SAMEUL KR AMER QUINCY 41 WARWICK STREET MA 02170	250 00	OWNER, ALLOY WHEEL REPAIR
8.23.12	LIAM MANNION SOMERVILLE 34 BOW STREET MA 02143	500 00	OWNER, SALLY O'Brien RESTAURANT
8.23.12	MICHAEL NIOAKIS 30 MANSFIELD STREET SOMERVILLE MA 02143	100 00	
8.23.12	ELLEN + TONY COSTA 3 MONTROSE STREET SOMERVILLE MA 02143	50 00	
Line 9: Total receipts in excess of \$50 (or listed above)		2,575 00	PAGE 2 - \$ 940 PAGE 3 - \$ 900
Line 10: Total receipts \$50 and under* (not listed above)		500 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4945 00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

PAGE 2 PREVIOUS OF SEN. J. FITZGERALD

SCHEDULE A: RECEIPTS

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This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
8-23-12	LAURE ROANE SOMERVILLE 47 CRAIGIE STREET MA 02143	50	00	
8-23-12	MELISSA MILBERT SOMERVILLE 97R FRANKLIN STREET MA 02145	50	00	
8-23-12	PHILIP CAREY SOMERVILLE 91 FRANKLIN STREET MA 02145	125	00	
8-23-12	STEPHEN POST SOMERVILLE 26 LOWDEN AVENUE MA 02144	50	00	
8-23-12	DOREEN DELLISOLA 41E ALBION STREET SOMERVILLE MA 02145	25	00	
8-23-12	MELISSA MCWHINNEY 16 PICKSON STREET SOMERVILLE MA 02144	25	00	
8-23-12	PETER BELLOTTI 49 CHURCH STREET WINCHESTER MA 01890	125	00	
8-23-12	ELEANOR BLAKE SOMERVILLE 51 PARTRIDGE AVENUE MA 02145	100	00	
8-23-12	POROTUM KELLY BAY 1 AVON STREET SOMERVILLE MA 02143	175	00	
8-23-12	JAMES SPENCER EBOSTON 140 BAYSWATER STREET MA 02128	30	00	
8-23-12	EDWIN SOUL HAMILTON MA 112 GREGORY ISLAND ROAD 01982	50	00	
8-23-12	ALICIA BYRA SOMERVILLE 12 RICHDAVE AVENUE MA 02145	50	00	
8-23-12	JAMES WALSH CHARLESTOWN 2 MARSHALL PLACE MA 02129	50	00	
8-23-12	CHARLES TICOTSKY BROOKLINE 83 WINCHESTER STREET MA 02448	25	00	
8-23-12	AFIMAH HARRIGAN 140 BAYSWATER ST. EAST BOSTON MA 02128	10	00	
Line 9: Total receipts in excess of \$50 (or listed above)		940	00	
Line 10: Total receipts \$50 and under* (not listed above)		-		
Line 11: TOTAL RECEIPTS IN THE PERIOD		940	00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

FRIENDS OF SEAN T. FITZGERALD

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
8-23-12	GEORGE PARETIS 02108 2 LINE STREET BOSTON MA	150	00	
8-23-12	LUIZ CARLOS SANTOS 157 PLEASANT STREET MALDEN MA 02148	150	00	
8-23-12	ELOA ALVES RENEVE 348 MADISON STREET MA 02151	150	00	
8-25-12	THOMAS AMOROSO MEDFORD 70 WARREN STREET MA 02155	50	00	
8-31-12	ALEX FELDMAN SOMERVILLE 80 ROBSONS AVENUE MA 02144	50	00	
8-31-12	SHEILA ROZOVES 25 BOULDER STREET MA 02143	200	00	OWNER, THE NEIGHBORHOOD RESTAURANT
9-9-12	MARK NIRELUBANG 29 CORNWELL STREET SOMERVILLE MA 02143	50	00	
9-9-12	CATHERINE D'ARCA 56 GROVE STREET MEDFORD MA 02155	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		900	00	
Line 10: Total receipts \$50 and under* (not listed above)		-		
Line 11: TOTAL RECEIPTS IN THE PERIOD		900	00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8.25.12	ACT BLUE	P.O. Box 382110 CAMBRIDGE MA 02238	WEB PROCESSING FEE	\$ 93
8.28.12	ACT BLUE	P.O. Box 382110 CAMBRIDGE MA 02238	WEB PROCESSING FEE	0 99
9.8.12	AUTISM SPEAKS	990 WASHINGTON STREET DEHAM MA 02026	#102 AUTISM FUNDRAISER	100 00
2.17.12	BANKS PUBLICATION	235 HIGHLAND AVE SOMERVILLE MA 02143	AA FOR SOMERVILLE SCOUT	522 44
11.14.12	EMYE TO ELECT JOE CURTANONE	130 NEW HILLS ROAD SOMERVILLE MA 02145	CAMPAIGN CONTRIBUTION	100 00
10.14.12	DAVE + NICK'S SCHOLARSHIP FUND	92 BOUWINTHROP RD SOMERVILLE MA 02145	SCHOLARSHIP FUNDRAISER	40 00
10.29.12	FRANCIS OF PAUL DONATO	48 MAURICE ST MEDFORD MA 02195	CAMPAIGN CONTRIBUTION	30 00
11.29.12	ROBERT ELLIOT	361 SOMERVILLE AVE SOMERVILLE MA 02145	ENTERTAINMENT FOR OKC REUNION	180 00
8.28.12	SALLY OBRUSI'S REST	SOMERVILLE AVENUE SOMERVILLE MA 02145	FOOD, DRINK FOR FUNDRAISER	422 00
11.29.12	SALLY OBRUSI'S RESTAURANT	SOMERVILLE AVENUE SOMERVILLE MA 02145	FOOD, DRINK FOR OKC REUNION	150 00
1.31.12	WINTER HILL BANK	342 BROADWAY SOMERVILLE MA 02145	STATEMENT FEE	2 00
2.28.12	WINTER HILL BANK	342 BROADWAY SOMERVILLE MA 02145	STATEMENT FEE	2 00
3.31.12	WINTER HILL BANK	342 BROADWAY SOMERVILLE MA 02145	STATEMENT FEE	2 00
4.30.12	" "	" "	" "	2 00
5.31.12	" "	" "	" "	2 00
6.30.12	" "	" "	" "	2 00
8.31.12	" "	" "	" "	2 00
9.30.12	" "	" "	" "	2 00
10.31.12	" "	" "	" "	2 00
11.30.12	" "	" "	" "	2 00
12.31.12	" "	" "	" "	2 00

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Line 12: Expenditures over \$50	2903 36
Line 13: Expenditures \$50 and under*	
Line 14: TOTAL EXPENDITURES	2903 36

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	~ / A			
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	~ / A			
			Line 18: OUTSTANDING LIABILITIES (ALL)	

Enter on page 1, line 7